



Connecticut  
Early Childhood  
Alliance

Testimony before the Children Committee  
Submitted by Merrill Gay, Executive Director  
Connecticut Early Childhood Alliance  
Thursday, February 27, 2014

Good afternoon Senator Bartolomeo, Rep. Urban, and members of the Children Committee. I am Merrill Gay, Executive Director of the Connecticut Early Childhood Alliance. The Alliance is a statewide advocacy and membership organization committed to improving outcomes for all children, birth to age eight, in the areas of early learning, health, safety, and economic security.

I am here today to testify **Proposed Bill 49 – An Act Concerning Nutrition Standards for Child Care Settings**

The news reported yesterday that children age two to five are the only group in the country among whom obesity has declined is testament to the impact of both prevention work and policy change. First the prevention, in December of 2007 the American Academy of Pediatrics issued guidance to pediatricians to help them educate parents about the importance of limiting sweetened beverages, eating proper portion sizes of healthy foods and limiting sedentary time watching TV. Over the past five years we've seen the medical community embrace this guidance and become much more focused on their efforts to prevent obesity. Now the policy, in 2009, in large part as a result of the urging of doctors, the federal Women Infant and Children (WIC) program changed the "package" of food that recipients could purchase with their benefits. Federal policy also required the stores that accept WIC to offer fresh fruits and vegetables. I believe that these two initiatives are the primary drivers of the good news around reduced obesity rates among young children.

Policy does matter, so the Early Childhood Alliance applauds your effort with this bill to prevent more children from becoming obese in their early years. Preventing children from becoming obese as preschoolers is important. The research shows that children who are obese in preschool are five times more likely to be obese as adults.

The CT Early Childhood Alliance supports the bill's elimination of sweetened beverages from all early childhood settings, including center-based, family child care homes, and family, friend and neighbor.

The bill's limit of 6oz of 100% fruit juice per day is in keeping with the American Academy of Pediatrics' recommendations and does not appear to conflict with the federal Child and Adult Care Food Program (CACFP) guidelines. That is important because we wouldn't want to jeopardize those federal funds that provide food to hungry children in childcare. Our members are concerned about potential additional record keeping that might be needed to prove compliance with the law.

The one section that we would urge caution around is the one that prescribes 1% milk. A recent longitudinal study (attached) of 10,700 children actually showed that children who drank 1% milk were more likely to be overweight or obese four years later. Since this is counter intuitive, it suggests that additional research is needed before we start making policy around the fat content of milk.

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Original article

### Longitudinal evaluation of milk type consumed and weight status in preschoolers



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#### Abstract

Objective To evaluate relationships between type of milk consumed and weight status among preschool children.

Design Longitudinal cohort study.

Setting The Early Childhood Longitudinal Study, Birth Cohort, a representative sample of US children.

Participants 10 700 US children examined at age 2 and 4 years.

Main outcome measures Body mass index (BMI) z score and overweight/obese status as a function of milk type intake.

Results The majority of children drank whole or 2% milk (87% at 2 years, 79.9% at 4 years). Across racial/ethnic and socio-economic status subgroups, 1%skim milk drinkers had higher BMI z scores than 2%/whole milk drinkers. In multivariable analyses, increasing fat content in the type of milk consumed was inversely associated with BMI z score ( $p<0.0001$ ). Compared to those drinking 2%/whole milk, 2- and 4-year-old children drinking 1%skim milk had an increased adjusted odds of being overweight (age 2 OR 1.54,  $p<0.0001$ ; age 4 OR 1.53,  $p<0.0001$ ) or obese (age 2 OR 1.57,  $p<0.01$ ; age 4 OR 1.64,  $p<0.0001$ ). In longitudinal analysis, children drinking 1%skim milk at both 2 and 4 years were more likely to become overweight/obese between these time points (adjusted OR 1.57,  $p<0.05$ ).

Conclusions Consumption of 1%skim milk is more common among overweight/obese preschoolers, potentially reflecting the choice of parents to give overweight/obese children low-fat milk to drink. Nevertheless, 1%skim milk does not appear to restrain body weight gain between 2 and 4 years of age in this age range, emphasising a need for weight-targeted recommendations with a stronger evidence base.